

MAGISTRATES RETIREMENT FUND OF GEORGIA

P.O. BOX 56, GRIFFIN, GA 30224
PHONE: (770) 228-8461 • FAX: (770) 412-1236
MRF@RFGA.US • WWW.MRF.GEORGIA.GOV

Information Regarding Your Membership Application

Greetings from the Board of Commissioners and Staff of the Magistrates Retirement Fund of Georgia! We hope to welcome you as a new member to this Fund.

The Fund invites every Chief Magistrate Judge of each county in the state of Georgia to join this Fund. Your membership in the Fund will begin the day you were sworn (first day of your term) or any month within the first 6 months of taking office. Each Magistrate member's dues payment is specific to the county's population in which they serve. To determine your dues amount, please contact the Fund office (770-228-8461).

Should you choose to join the Magistrates Retirement Fund of Georgia, please include the following items along with your Application for Membership:

1. **Copy of Oath of Office**
2. **Copy of Birth Certificate**
3. **Pre-retirement Option Choice Form**—must be complete, signed, and notarized
You have the option of pre-choosing your Survivor's retirement option choice. This would only go into effect if you were to die while in office and you have reached the vesting requirement. You may change this at any point before retirement. You will have the final opportunity to update your Retirement Option choice upon completion of your retirement package.
4. **Salary Affidavit**—Required if you are either:
 - Part-time Magistrate Judge
 - Both a Magistrate and Probate Judge—Our office requires the portion of your salary allocated to your position as a Magistrate Judge—NOT BOTH.
5. **Payment of dues** for each month claiming up to 6 months
NOTE: Each Magistrate member's dues payment is specific to the county's population in which they serve. To determine your dues amount, please contact the Fund office (770-228-8461).
Please send a check or money order for the full amount
-OR-
Complete and return the Automatic Withdrawal Authorization Form (Our office will draft your account for your monthly dues payment on the 10th of each month)

If a member ceases to act as the duly qualified Magistrate Judge, he or she may:

1. Request retirement benefits if at least age 60.
2. Be placed in a Vested status to start services upon turning age 60.
3. Request a refund of dues if that Magistrate Judge has not vested.

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Application for Membership

Membership application will not be considered unless accompanied by the following (for more information, please see our Information Regarding Your Membership Page included with the application packet or visit our website):

1. Copy of Oath of Office
2. Copy of Birth Certificate
3. Pre-Retirement Option Choice Form
4. Salary Affidavit—if Part-time Judge or serve as both Magistrate and Probate Judge
5. Dues per month claimed at effective date of membership up to 6 months.

Please call the Fund office for your specific dues amount.

FOR OFFICE USE ONLY			
Payment:	SELF PAYMENT	ACH	
	CHECK	MONEY ORDER	CASH
Check/ Money Order #:	_____		
Payment Amount:	_____		
Enrollment Date:	_____		
Paid Through:	_____		
Member #:	_____		

Applicant Information

Full Name: _____ SSN: _____

Date of Birth: _____ Preferred Phone #: _____

Email Address: _____

Mailing Address: _____
Street, City, State and Zip Code

Service Information

Employment Status: ☐ Full Time Magistrate Judge
☐ Part Time Magistrate Judge ☐ Salary Affidavit included with Application
☐ Both Magistrate & Probate Judge ☐ Salary Affidavit for Magistrate position included with Application

Membership Pledge

I was qualified and commenced serving as Chief Judge of the Magistrate Court of _____ County,
County, Georgia, on _____ day of _____ 20_____.
Month Year

I hereby apply for membership in the Magistrates Retirement Fund of Georgia, to be effective on
_____, 20_____, under the provision of an act of the General Assembly of Georgia
Month and Day

beginning July 1, 2006, [O.C.G.A. 47-25-20 (b)], as amended, terms of law governing said retirement system.

I DO SOLEMNLY SWEAR THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, SO HELP ME GOD.

Witnessed by: _____
Notary Public

My Commission Expires: _____

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE

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FOR OFFICE USE ONLY

Member #: _____

Pre-Retirement Option Choice

Member Name: _____ SSN: _____

Email Address: _____ Phone #: _____

Mailing Address: _____
Street, City, State and Zip Code

Survivor Declaration

Survivor Name: _____ SSN: _____

Date of Birth: _____ Age: _____ Relationship to Member: _____

Email Address: _____ Preferred Phone #: _____

Mailing Address: _____
Street, City, State and Zip Code

Please initial the blank to the left of the description of the Option you choose.

INITIAL BELOW	DESCRIPTION OF OPTIONS
_____	Option 1: 50% Joint Life with Age Restriction: At the death of the member, the designated survivor will receive <u>one-half</u> of the amount the member is eligible to receive. Such benefits will become effective upon the designated survivor attaining 60 years of age.
_____	Option 2: 100% Joint Life Annuity – No Age Restriction. The designated survivor will receive an actuarially reduced monthly retirement benefit based on the judge's age and the age of the judge's designated survivor at the time of death equal to the amount the member would have received at retirement. Under this option, the designated survivor does NOT have to attain the age 60.
_____	Option 3: 50% Joint Life Annuity – No Age Restriction. The designated survivor will receive <u>one-half</u> of an actuarially reduced monthly retirement benefit based on the judge's age and the age of the judge's designated survivor at the time of death. Under this option, the designated survivor does NOT have to attain the age 60.

****In all cases, the survivor benefits will commence at the time the Judge would have been 60 years of old.***

*****The designated survivor shall be a person with whom the member has a familial relationship through blood, marriage or adoption. (Section 47-25-82 (d) Official Code of Georgia). If the member is married and designates someone other than the spouse as the sole beneficiary, the spouse must consent in the presence of a notary.***

Spousal Consent (Required only if the designated survivor is not spouse) OATH: I am the spouse of the above named Magistrate Judge. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I hereby give the account holder any interest I have in the funds and consent to the above beneficiary designation. I assume full responsibility for any adverse consequences that may result. Due to the important tax consequences of giving up my interest in the Retirement Fund, I have been advised to see a tax professional. No tax or legal advice was given to me by the custodian.

Spouse Name: _____ Spouse Signature: _____
Date: _____

OATH: By signature below, I indicate that I have read and understand the Option Choices and that I made this choice of my own free will. I understand that I will be required to choose the option again at retirement.

Member Signature: _____

Date: _____

Notary Public: _____

My Commission Expires: _____

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State of Georgia

Return by May 1, 2020

SALARY AFFIDAVIT

Now comes _____
Name

after being duly sworn, states that he/she is serving as Chief Magistrate Judge of _____
County Name

County and received an annual Magistrate Judge gross salary in the amount of \$ _____
Salary Amount

during the past calendar year.

This _____ day of _____ 20 _____ .

Signature: _____

Printed Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone #: _____

Personal Email: _____

Notary Signature: _____

My commission expires: _____

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FOR OFFICE USE ONLY	
New Member Processed:	_____
Recurring Start Month:	_____
Member #:	_____
Bank Change:	_____
System Change:	_____

AUTOMATIC WITHDRAWAL AUTHORIZATION

**TO ENSURE ACCURACY PLEASE ATTACH A VOIDED CHECK
-OR-
LETTER FROM FINANCIAL INSTITUTION THAT VERIFIES
ROUTING AND ACCOUNT NUMBERS**

A. _____
Member Name SSN

B. _____
Phone Number Email Address

C. _____
Mailing Address

City, State and Zip Code

D. _____
Name of Depository (Financial Institution)

E. _____
Checking / Savings Routing Number (Required) Account Number (Required)

I the undersigned, authorize the Magistrates Retirement Fund of Georgia (MRF) to initiate debit entries to my bank account identified above at the depository named above for the purpose of membership in the MRF Retirement Fund. This authorization is to remain in full force and effect until the MRF Retirement Fund has received written notification from me of its termination. Such notification is to be received in the office of the MRF Retirement Fund in Griffin, GA by the first day of the month before such termination is desired.

F. _____
Signature Date